



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CHRISTINE L TRUITT MD

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-13-3401-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

AUGUST 23, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are protesting the denial of payment for prolonger service code 99354 in the amount of \$250.00 by the Texas Mutual Insurance Company. Dr. Truitt spent a total time of 1 hour 40 minutes face to face time with the patient and his wife with an additional 15 minutes spent in review of records and dictation time. CPT code 99205 allows for 60 minutes face to face time spent with patient and the prolonged service CPT code 99354 allows an additional 30-74 minutes in prolonger service requiring direct patient contact beyond the usual service. Prolonged service code 99354 is a covered service under Texas Workers' Compensation. Direct patient contact is face to face and includes additional non face to face services provided during the same session. This is [sic] service is reported in addition to the designated E & M service at any level per the prolonged service criteria. We feel since the total patient care time was 1 hour and 55 minutes, that code 99354 was used appropriately and we feel it should be paid."

Amount in Dispute: \$250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed prolonged services, code 99354, in addition to E/M code 99205 on the date above. Texas Mutual paid code 99205. The definition of this code is 'Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity; Counseling and/or coordination of care with other provider or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.' Code 99354 is defined as 'Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (listed separately In [sic] addition to code for office or other outpatient Evaluation and Management services.' Review of the requestor's documentation does not support patient contact above and beyond the usual service or times identified by CPT Code 99205 were rendered; therefore, the services provided (99354) for that date of service is not due separate reimbursement. Specifically in this case, the documentation does not support an outpatient setting requiring direct (face-to-face) patient contact beyond the usual service. No additional payment is due."

Response Submitted by: TEXAS MUTUAL INSURANCE CO.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 1, 2013	CPT Code 99354	\$250.00	\$157.35

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W1 – Workers Compensation State Fee Schedule adjustment.
 - 892 – Denied in accordance with DWC rules and/or Medical Fee Guideline including current CPT Code description/instructions.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724 – No additional payment after a reconsideration of services.

Issues

1. Did the requestor support the prolonged office visit?
2. Is the requestor entitled to reimbursement?

Findings

1. In accordance with 28 Texas Administrative Code §134.203(b), for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of the documentation submitted by the requestor finds that a prolonged office visit, CPT Code 99354, was billed along with a new patient office, CPT Code 99205. The prolonged office visit is in dispute. CPT Code 99354 is defined as a 'prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (listed separately in addition to code for office or other outpatient Evaluation and Management services).' According to the CPT Code descriptor, the total duration of prolonged services for CPT Code 99354 is 30 minutes to 1 hour and 14 minutes. The requestor has submitted documentation to support the prolonged evaluation and management services in an Addendum to the office visit notes stating: "Total face to face time spent with patient and his wife was 1 hour 40 minutes with an additional 15 minutes spent in medical record review and dictation time for a total of 1 hour 55 minutes." Therefore, reimbursement is recommended.

2. Review of the submitted documentation finds that the requestor is due reimbursement in the amount of \$157.35 $((55.3 \div 34.023) \times 96.81 = \$157.35)$.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$157.35.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$157.35 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 9, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.